

City of Bloomington Parks and Recreation
P.O. Box 848, 401 N. Morton St., Bloomington, IN 47402
349-3700

FEE WAIVER APPLICATION

Any **CITY RESIDENT**, individual, or family, who feels that a fee for a Bloomington Parks and Recreation admission would be discriminatory due to financial hardship may request a waiver of fees. Federal Office of Management and Budget's guidelines of 150% poverty level will be used for determining eligibility.

Application for:

☐ Bryan Park and Mills Pool (\$2 application fee must accompany this application.)

***NOTE: A \$2 application fee must accompany this application.**

Number in Household _____

List the first and last names and ages of your **IMMEDIATE*** family members.

***IMMEDIATE** family members include only mother, father, or legal guardian, and their children who are 17 and under, living in the same household.

NAME	AGE	NAME	AGE
1. _____		5. _____	
2. _____		6. _____	
3. _____		7. _____	
4. _____		8. _____	

FEE WAIVER APPLICATION GUIDELINES

- ❖ **A \$2 application fee must accompany your application. Applications which do not have the \$2 fee attached will not be considered.**
- ❖ **Proof of income is required.** All applicants must show proof of income, such as most recent income tax return, last four payroll stubs, or a letter from the appropriate social service agency (Bloomington Housing Authority, Welfare Department, Head Start, etc.).
- ❖ **Proof of Residency is required.** All applicants must show proof of living within the city limits (current utility bill, housing lease, etc.).
- ❖ Requests for waivers will be approved/denied by the appropriate Division Director or Program Manager.
- ❖ The Bloomington Parks and Recreation Department reserves the right to revoke fee waivers for misuse. Only those names which appear on the waiver may use the waiver.
- ❖ Applicants will be notified, in writing, whether the application has been approved or denied. Applicants must receive and present their fee waiver pass upon admission to park facilities.
- ❖ Any applicant denied a waiver of fees has the right to appeal to the Bloomington Board of Park Commissioners, who reserve the right to reject or authorize the waiver.

Signature – Parent or Legal Guardian

Telephone Number

Address

Zip

____/____/_____
Date

OFFICE USE ONLY: Reviewer's Initials _____ **Date mailed** ____/____/____

Season Pool Pass Fee Waiver Application

2008

**A Family includes parents (maximum of 2) and their dependent children under the age of 18 residing in the same household.*

ALL SEASON PASS APPLICANTS MUST COMPLETE THE FOLLOWING:

	Last Name	First Name	Date of Birth	Age	Relationship to Primary Contact
Adult 1			____/____/____		
Adult 2			____/____/____		
Youth 1			____/____/____		
Youth 2			____/____/____		
Youth 3			____/____/____		
Youth 4			____/____/____		
Youth 5			____/____/____		
Youth 6			____/____/____		
Youth 7			____/____/____		
Youth 8			____/____/____		

OFFICE USE ONLY: Reviewer's Initials _____ Date mailed ____/____/____
